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OFFICE USE ONLY:

WYO-201 (06/04)

LO#: \_\_\_\_\_

BYE \_\_\_\_\_

**Claimant's Discharge Statement**

This division is required to provide this information to your most recent employer. Please complete all questions to follow. If you use additional sheets of paper, please mark the pages in order and supply the question number(s) on the page(s). Include all information you feel may be important to making a determination concerning your separation from your employment. **Please print legibly and use ink.**

Name \_\_\_\_\_ SSN: \_\_\_\_\_

1. Most recent employer and their telephone number: \_\_\_\_\_

2. Supervisor's Name: \_\_\_\_\_

3. Describe type of work you performed: \_\_\_\_\_

4. Date job \_\_\_\_\_

5. Date job ended: \_\_\_\_\_

6. Name and title of person who discharged you: \_\_\_\_\_

7. What reason was given for your discharge? What was said or written to you? (If you received a letter please submit a copy.)

\_\_\_\_\_

\_\_\_\_\_

8. What is the final incident that caused your discharge? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Were you discharged for violation of a company rule or policy? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, answer a and b.)

a. What specific rule or policy did you violate? \_\_\_\_\_

b. Were you aware of the company rule or policy related to this incident? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Were you discharged for being late or absent? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

Date	Late/Absent	Why	Employer Notified	Whom	When	How

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_

11. Did you receive any warnings in the last twelve months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

Reason You Were	Warned by (Name)	Title	Date	Written/Verbal

12. Is there anything more you would like to add about your discharge?

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## Claimant's Certification

The above facts are true to the best of my knowledge and belief. I am aware that this information will be verified and a copy of my statement will be given to my former employer.

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Return to:

Wyoming Department of Employment, Unemployment Insurance Division, P.O. Box 2760, Casper WY 82602